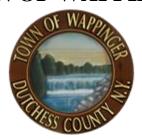
TOWN OF WAPPINGER



BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590-0324 (845) 297-6256 FAX: (845) 297-0579

APPLICATION FOR WETLAND DISTURBANCE PERMIT

*** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION ***

O	APPLIC FORM COMPLETED O INSURANCE SUBMITTED (WC&DB)	O INSURANCE ON FILE	O CONSENT IF APPLIC				
1.	NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION ***APPLICATION MUST BE ACCOMPANIED WITH A COMPLETE SET OF PLANS FOR LOT IMPROVEMENTS AND LOCATION MAP OF WETLANDS AS THEY EXIST IN THE FIELD OR AS SHOWN ON WAPPINGER ENVIRONMENTAL MAPS***						
	Administrative Permit: if applicable Planning	ng Board Permit/Resol	ution: if applicable				
2.	Two copies of scaled plans showing all details of construction drawings will be accepted and may be required to be submitted of the Code Official.						
3.	Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure.						
4.	Wetland Expert delineating Wetland: ESTIMATED QUANTITY OF EXCAVATION: ESTIMATED TOTAL VALUE OF WORK: PROPOSED STARTING DATE: PROPOSED PLANS PREPARED BY: LIST APPLICABLE COUNTY, STATE OR FEDERAL PER	ED COMPLETION DA	COMPLETION DATE: DATE:				
	OWNER'S SIGNATURE:		DATE:				
5.	Size of Activity Area: or Impacts that the prolonged activity will have on the Wetland:						

6. After application is completed, a pre-site visit is required to be scheduled with this office.

TOWN OF WAPPINGER BUILDING DEPARTMENT

20 Middlebush Road, Wappingers Falls, N.Y. 12590 Telephone: 845-297-6256 fax: 845-297-0579

APPLICATION FOR BUILDING PERMIT

API	PLICATION TYPE:	O Residential	ZONE:	DATE:
O 1	New Construction	O Commercial	APPL #:	PERMIT #
0	Renovation/Alteration	O Multiple Dwellin	ng GRID:	
NI A T	ME OF OWNED OF P	III DINC/I AND.		
				E-MAIL:
ILL	<i>z</i>	CDDD:	111111111	L WIL.
API	PLICANT NAME:			
				E-MAIL:
BUI	ILDER/CONTRACTO	R DOING WORK:		
				E-MAIL:
				2 1,11 112.
TEL	<i>_</i> #:	_CELL:	FAX #:	E-MAIL:
API	PLICATION FOR:			
SET	TBACKS: FRONT:	REAR:	LEFT SIDE YARD:	RIGHT SIDE YARD:
SIZ	E OF STRUCTURE: _			
EST	TIMATED COST:		_ TYPE OF USE:	
NΩ	N DEELINDADI E ADI	DI EEE. DAT	D ON: CHECK #	RECEIPT #:
NUI		<u></u>		RECEIPT #:
A DI	PROVALS:	CE DUEFAI	D ON CHECK #	KECEIF1 #
	<u>PROVALS</u> : NING ADMINISTRAT	OR:	CODE ENFORC	CEMENT OFFICIAL:
O 4	Approved O Denied	Date:	O Approved O	Denied Date:
J E	approved O Demed		O Approved O	Demen Date.
Sign	nature/Zoning Adminis	strator		
Sign	nature of Applicant		Signature of Co	de Enforcement Official

TOWN OF WAPPINGER



BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590-0324 (845) 297-6256 FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT #	APPLICATION #	
SITE LOCATION:		
GRID: #		
Name of APPLICANT/OWNER:		
(Person PHYS	SICALLY coming in to apply, if other than the Owner)	
~	CERTIFICATION ~	
	to use or permit the use of any building or premises or part thereof he arged, wholly or partly, in its use or structure until a Certificate of Occ	
Wappinger to approve or deny the attached understand that this permit will not be clos building inspector having access to the int will remain as a violation on my property	, owner of the land/site/building hereby give my permission for d application in accordance with local and state codes and ordinance sed out unless all proper inspections are completed which can inclusterior of my residence. If this permit is not closed before the expiration that it is closed out. After the expiration date the permit fee and apput the permit. I understand that I am ultimately responsible for the call IN COURT PROCEEDINGS.	ees. I de the on date it plication will
Date	Owner's Signature	
Owner's Telephone Number	Print Name	
	Print Owner's Address	
Code Enforcement Official: _	FOR OFFICE USE ONLY	